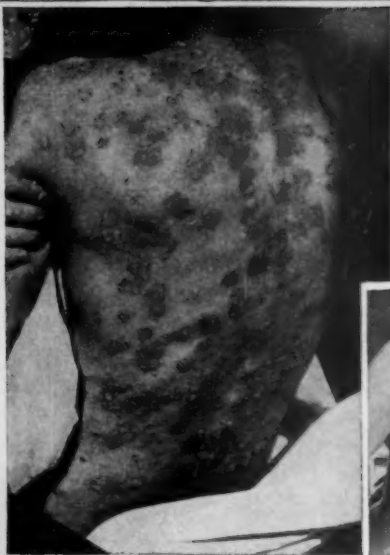


A JOURNAL FOR NURSES

R.N.



SEPTEMBER 1939



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September, 1939

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Cover photo by Ray Albert; uniform by Henry A. Dix

## A JOURNAL **RN** FOR NURSES

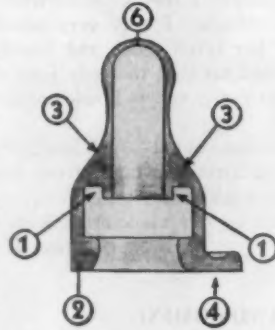
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# Debits and credits

## WANT REPRINTS?

Dear Editor:

Many times since graduation I have wished for just such a set of laboratory charts as appeared in the July issue. I am sure that other nurses would be equally anxious to have a separate set of the charts in some permanent form.

Martha C. Yatman, R.N.  
Brooklyn, N.Y.

*[Are other nurses similarly interested? If a sufficient demand for the charts is evidenced, reprints will be made available at cost.—THE EDITORS]*

## NO WORK, NO REFUGE

Dear Editor:

Recently I met a nurse who was a German refugee. I was very much impressed with her intelligence and fine training. Yet she told me that the only jobs she had been able to find were as houseworker and nurse-maid.

Refugees or not—such foreign nurses should have a little assistance from the profession. They might contribute to it, and we would benefit by our association with them.

R.N., Jackson Heights, N.Y.

## UP-AND-COMING

Dear Editor:

I would like to answer Lena E. Krockers' letter in the July issue, since I am also a nurse in Merced County.

Merced is certainly not in "the sticks." It is an up-and-coming community in many ways. We have two fine hospitals, county school nurses, public health service, city school nurses, and Red Cross nurses.

A good many of these nurses are graduates of large city hospitals.

Perhaps Merced County *does* give scientific care to hogs, cows, and chickens. But that does not mean the sick are being neglected.

California is full of migratory camps where conditions cannot always be controlled.

If Mrs. Krockers saw the medicine put in the closet without being used in one of these camps, why blame Merced County?

Iva S. Goff, R.N.  
Atwater, Calif.

## STATE MEDICINE

Dear Editor:

You may be interested in the opinions of twenty graduate nurses at the Missouri State Sanatorium on the proposed National Health Act. The majority agreed that the basic objectives of the program were overshadowed by the probable resulting evils. Chief disadvantages mentioned were:

1. Inferior medical care resulting from the elimination of individualism in practice.

2. Use of low-cost medical services by those who could afford to engage private physicians.

3. Elimination of the personal relationship between patient and doctor.

4. Possibility of state-controlled medical care becoming a political football, placing patients' welfare second.

5. Possibility of wholesale graft.

6. Possibility of compulsory health insurance for everyone.

All or any of these conditions could prevent the low-income group from receiving any more constant or adequate medical care than under the present system.

Marcella Laws, R.N.  
Mt. Vernon, Mo.

## NON-INFLAMMABLE

Dear Editor:

I was especially interested in the Cyclopropane article in the July issue. However, Dr. Klein made one statement which I should like to correct. He wrote:

"The gas is inflammable, although no more so than ether or nitrous oxide."

Nitrous oxide, or a mixture of nitrous oxide and oxygen, is not inflammable or explosive. Nitrous oxide is a stable compound at usual temperatures, but when subjected to high temperatures, it is broken up into its component parts, nitrogen and oxygen. The

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oxygen thus liberated will support combustion which has previously been started. A mixture of nitrous oxide, oxygen, and ether may be explosive, but it is the ether which makes it so.

Meta Hartmeister, R.N.  
Clayton, Mo.

*[Miss Hartmeister is correct in her comment. Nitrous oxide, a good, safe anesthetic, is not inflammable. The phrase should have read, and was intended to read, "no more so than ether or ethylene." Chalk up my first error in over forty articles on this type.—*  
ALLEN KLEIN, Phar. D.]

### VETERANS' HOMES

Dear Editor:

In your July issue, you ran a "Calling All Nurses" item concerning the National Organization of World War Nurses. It read: "So far we have opened three homes for disabled nurses, and hope to do more."

I should appreciate it if you would correct this to, "We have succeeded in having three domiciliary homes opened."

These homes were opened by the U. S. Veterans Bureau, not directly by our organization, and are supported by the Government. They are located in Dayton, Ohio; Sawtelle, California; and Bay Pines, Florida.

Maude F. Mann, R.N., Commander  
Nat'l Org. of World War Nurses  
Paterson, N.J.

### SHOE CARE

Dear Editor:

Are other nurses as conscious as I am of the condition of duty shoes? Frequently when I get into a bus, a street car, walk down the street, or in corridors of hos-

pitals, I see nurses in white shoes which are soiled and badly worn, with run-over heels and dirty shoe-laces.

I so often hear the remark, "How comfortable-looking nurses' shoes are!" Wouldn't it be a good thing for nurses to wear shoes as clean and white as their uniforms? Then we might occasionally hear someone comment favorably on the appearance of our shoes, rather than on their comfort.

Gladys M. Jardine, R.N.  
Hartford, Conn.

### CIVIL SERVICE

Dear Editor:

Will you please advise me when and where civil service examinations are held for nurses, as well as qualifications necessary to take the exams?

R.N., Indianapolis, Ind.

*[Complete information on civil service examinations is available. Enclose a stamped, self-addressed envelope with your request.*

—THE EDITORS]

### FOR GENERAL DUTY

Dear Editor:

Since I have been doing general duty for the past twelve years, I was particularly interested in your May editorial.

I thoroughly enjoyed my work. I have had many interesting experiences and have met many fine people.

For this reason, I resent the way many nurses and hospital superintendents look down on general duty. Actual care of the sick was what we learned in training. Does getting away from actual contact with patients fit any nurse to become a supervisor, instructor, or public health nurse?

R.N., Cincinnati, Ohio

## N A S A L   H A L I T O S I S ~



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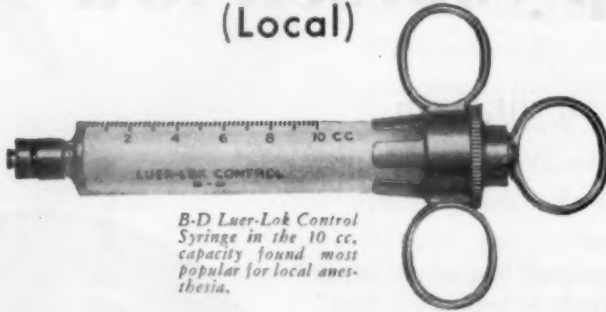
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# Help yourself to a *Job*

## 3. SELECTING THE FIELD

• “Look at yourself in a mental mirror when you’re ready to begin a job-hunt,” said the director of a nurse placement service to a group of applicants recently. “Try to evaluate your ability and training and personality. Then, and only then, decide what kind of position you can fill best. Random choice won’t do.”

Her advice was well directed. For authorities agree that much of the dissatisfaction among nurses today stems from too-carelessly-chosen employment.

In the last year or two, nursing bureaus have begun to correct the situa-



Galloway



Goodrich

tion. They have expanded their services to include vocational guidance as well as placement. Psychologists and vocational experts have been added to registry staffs to help steer the right candidate into the right post. But no amount of effort of this sort can redirect an applicant if she is not willing and able to analyze her capabilities herself.

Whether or not you are seeking your first job or your fifth, the consensus among employment counselors seems to indicate that at the outset you must ask yourself these questions:

“What is it I want to do?” “What is





Anne Goodrich, R.N.

it that I can do best?" "Where does the most opportunity lie?"

It's a rare occasion indeed when the answers to all three questions are the same. Usually, there is some doubt in your mind as to what branch of nursing offers the most attraction. Or, you find yourself wanting (for instance) to nurse in the country but lacking the necessary public health experience. You may be convinced that you've a gift for missionary nursing in the tropics—but how can you get away while there's a small brother at home dependent on you for support? You may want to fly, be a railroader, or a nurse in trans-Atlantic ship service—but you suspect the jobs available in these fields are limited at best.

There are ways, however, of narrowing down the gap between the wish and its fulfillment.

To begin with, be rational in your ambitions. Try to confine them to the realm of possibility, determined by your professional equipment and experience. Make an effort to enjoy most the thing you do best. And, in considering the many opportunities available, don't be misled by glamor away from the fields which are most practical for a nurse

*What nursing posts can you best handle? This article, by Marion Geddes, should help you answer that question, and steer you toward suitable employment. Illustrated are three fields offering opportunity: out-patient service, anesthesia, and supervisory work.*

with your background.

Recent surveys indicate that the branches of nursing currently offering the greatest opportunities are:

1. Tuberculosis
2. Psychiatry
3. Eye, ear, nose, and throat
4. Communicable diseases
5. Anesthesia
6. Teaching and supervising in special departments
7. Pediatrics
8. Public health, especially venereal-disease control

Have you an aptitude in any one of these specialties, plus the necessary preparation? The trend toward specialization has hit nursing as well as other professions. Thus, many nurses have begun to equip themselves with the techniques of one of these fields—even though they have no intention, at the moment, of leaving private practice or institutional nursing.

Of all these specialties, tuberculosis

[Continued on page 28]



## *Chinese* hospital

BY ELIZABETH MARTIN, R.N., AS TOLD TO ELSA GIDLOW

● When Wan Ling was a tiny boy in China, wearing his red clothes of joy and having just outgrown his tiger shoes, his very old great-uncle went to the foreign devils' terrible white hospital to die.

The hospital was white, and everyone in the hospital dressed in white, because white, as all Chinese know, is the mourning color . . .

Fifty years later in San Francisco, Wan Ling has aged with the dignity of his esteemed ancestors. He has been ailing for a long time, but he disguises his pain because he has one haunting fear: the hospital. His children and his

grandchildren try to reassure him. Skillful Chinese surgeons, they explain, will operate on his stomach and take out the pain; he will recover and they will be guided for many more years by the light of his wisdom.

Wan Ling cannot be convinced, but finally the sickness robs him of power. He has to submit; he finds himself on a table in a strange room. The room isn't white; it is pale green. Two Chinese faces are smiling at him; an American woman speaks to him gently, takes his hand, soothes his forehead. In a little while he knows nothing. When he wakes up he is in bed in a cheerful

room with flowered curtains. There are flowers near his bed and many of his children standing by with happy faces. A Chinese nurse comes, places a glass thing between his lips, takes his wrist. From the cheerful chatter around him he gathers the amazing news that he is not going to die . . .

A year later when his youngest daughter falls ill, Wan Ling, the Patriarch, permits *her* to go to the hospital too. Not just *any* hospital will do. It must be the Chinese Hospital where he himself was treated and cured.

\* \* \*

Our 75-bed institution in San Francisco's Chinatown is equipped and run like any other small hospital in this country. Built in 1925 and managed by and for the Chinese, it is the only one of its kind in the entire Western Hemisphere.

The five-story pagoda-like structure houses equipment for general medical, surgical, maternity, and nursery services.

Although the hospital is comparatively small, it boasts an X-ray department, a laboratory, and a drug dispensary. We maintain a free, twelve-bed, in-patient department, a daily outpatient service, and have in addition accommodations for part-pay patients.

Three of my staff of nine registered nurses are Chinese, the rest American. All are graduates of local hospitals.

Their work is extremely important. While the nursing techniques are the same as those used in any other modern institution, the psychological approach, the handling of the patient, is frequently different. This is not so true of the American-born and American-educated Chinese. But the older Chinese, like charming Mr. Wan, often

must be handled with delicate care because the culture-pattern in which he has grown up is so different from that in which he now finds himself. Explanations of apparently simple processes are necessary, fears must be anticipated and removed.

The nurse cannot take it for granted that when she places a thermometer between Ah Sam's lips he will know why it is there. An American nurse did that once, casually, and seventy-year-old Ah Sam, thinking it was a new kind of capsule, started to chew up the instrument!

In all Chinatown probably less than a dozen Chinese women are registered nurses. Because women are scarce on this side of the Pacific, the pretty, educated, and stylish Chinese girls do not long remain unmarried. Once married, they may go on working part-time; but special duty has more appeal than a full-time hospital job.

For this reason we take American girls to complete our nursing staff. The American nurses adjust themselves quickly to the informal atmosphere of

Florence Bentley



Ginn P. Louie superintends America's only all-Chinese hospital.

the hospital. They understand grandmother's insistence that the patient wear a good-luck piece wrapped in red paper. They learn to be tactful about herbs brought in by an uncle or old mother if the patient is slow in recovering, and to be tolerant of a chicken placed on the bed to drive away evil spirits!

The Chinese appreciate the fact that we have no public wards. They prefer privacy, especially when they are ill or convalescent. Accommodation in the hospital is private or semi-private; a three-bed room is the nearest we come to a ward and even then the beds are separated by wooden partitions.

One especially interesting phase of

our activities is our function as a center for community health education. Our program provides health instruction for residents of Chinatown, and supplies information on disease prevention to the Chinese newspapers.

Tuberculosis commands special attention. Chiefly due to bad housing and the fact that Chinatown is overcrowded, this disease has developed into a serious hazard, especially among the poorer Chinese. Consequently, a large share of our health information service is devoted to its prevention and cure.

What impresses the American nurse most, however, is the unwillingness of the Chinese to cause trouble. They are, for the most part, uncomplaining and easy to care for, grateful and courteous. Unless a close friend or relative has died in the hospital, even the older folk soon learn that it is a place for health, not a place for death. More and more are coming to us in this spirit.

*Good health for China babies! The hospital's free clinic moves to stamp out high infant mortality in San Francisco's Chinatown.*



# How to open a convalescent home

*Here's a different career for enterprising nurses. Five cities were surveyed for the general facts this article offers. Later, stories of nurses engaged in this work will be published. Readers are invited to send in their personal experiences.*

BY CORRY INCIARDI, R.N.

There are innumerable points worth careful thought should you plan to enter this field. The most important are:

1. *Costs.* Have you enough money to cover your initial investment and operating expenses for a reasonable length of time-without-profit?

2. *Competition.* Have you in mind a community where the supply of nursing home beds is not already greater than the need?

3. *Planning.* Have you laid out on paper the complete details for the service you wish to provide?

4. *Health regulations.* Have you familiarized yourself with local health ordinances affecting the operation of a convalescent home?

Let's suppose that you want to open a typical convalescent home. What is needed for its successful management?

Assume that you own or can purchase a comfortable, partly furnished house in a moderately well-to-do community. It is located on a quiet street, not too near the next-door neighbors, and accessible to transportation facilities. Its rooms are large, light, and well-ventilated. It has a sizable glass-enclosed or screened porch and wide, cen-

• "I wish I could find some uncrowded field where I could be my own boss and become financially independent..."

If that has been your secret ambition for lo, these many years, consider the possibilities of launching a nursing home. There's often a place in the community for such a service. And it's a logical outlet for the preparation and experience of many nurses.

To put a convalescent home on the road to success, however, takes capital, administrative ability, time, and imagination. Nurses who have succeeded report that each of these requisites is equally important. For, although stimulating, the process of shifting from nursing to nursing-management is no sinecure.



trally located stairs. Bed accommodations—private and semi-private—can easily be furnished for ten patients. In addition, there is a good-sized living room, a small upstairs sitting-room, a pleasantly intimate dining-room, a large kitchen, at least two baths, and a lavatory.

You plan to take as patients chronic medicals requiring nursing and convalescent care. You are also considering accepting surgical convalescents who have been discharged from hospitals but still require *minor* post-operative care. Your rates, you have decided, will be around \$35 a week for semi-private accommodations; about \$50 for private.

With this basic plan in mind, consider the amount of money you have available. Inquiries in five communities of varying size indicate that a minimum of \$3,000 cash is necessary as a start. Of this initial \$3,000, you will use about one-third to equip ten beds at \$100 each. Another \$1,000 will probably cover minor alterations, and the purchase of additional furnishings and equipment. The remainder should cover operating expenses until your service begins to provide income.

Although this is a considerable outlay, the income possibilities may be well worth the risk. Running at sixty per cent of your bed capacity, income should average around \$1,000 a month. It will take careful management, however, to keep your home filled to this extent.

One nurse who managed a ten-bed home and had six or seven patients receiving care throughout the year, reports that she was able to keep her expenses down to around \$800, drawing \$150 to \$200 a month for herself. It's not wise, however, to expect this return

during your first few months of operation.

Another nurse states that a period of one or two years should be allowed before you can begin to expect real profit. In the meantime you have the consolation that your own maintenance is being taken care of. And, of course, you are building toward future security.

It is estimated that the following necessities are required to equip one bed:

- Adjustable spring and mattress
- 2 pillows, medium-hard
- 10 pillow-cases
- 8 sheets
- 8 cotton drawsheets
- 1 rubber drawsheet
- 2 cotton blankets
- 2 part-wool blankets
- 1 blanket bag
- 2 reserve gowns
- 3 bath towels
- 3 face towels
- 3 wash cloths
- 3 hand towels
- 2 spreads
- Serving tray
- Bedside table or stand
- Bed lamp
- Bell to summon nurse
- Basin
- Drinking glass and tube
- Emesis basin
- Soap dish
- Bed pan
- Urinal (one for every two beds)

General equipment may include one or more wheel chairs, a stretcher, and screens for privacy in rooms containing more than one patient. (If there is to be a pharmacy or drug room, you must be sure to secure a permit from the Bureau of Combustibles or the Fire Department.)

You will want to use your own judgment regarding the furnishings of the home. As a rule, simple furniture and accessories are most practical. Washable drapes and linoleum floors are "musts." Fussy ornaments, heavily

[Continued on page 36]



# Nutrition

# Briefs

● Eating between meals? Very bad indeed! At least that's what we've always been told. Now comes a report that between-meal feeding can be actually beneficial—if it is properly planned.

Over a period of several months, mid-morning and mid-afternoon snacks were served to 120 office workers. Bananas,



or bananas and milk, were used in order to supply necessary carbohydrates.

Subjects were arranged in three groups of forty apiece. For each test, one group acted as the control unit and did not receive supplementary feeding. Each unit acted as the control group once and the supplementary feeding group twice, in order that the averages might be accurate.

Between-meal snacks won the case. In each of three tests, the employees receiving extra food were absent only half as much as those who stayed hungry till mealtime. Almost all the subjects agreed that the feedings helped concentration, and that even their families had commented on their improved dispositions. Social relations in the office also were considerably eased.

These findings simply bear out the opinion of most persons blessed with healthy appetites: that there's nothing amiss in a little snack to help a hard job on its way. *Haggard and Greenberg: Between-Meal Feeding. Jour. Amer. Dietet. Assoc. June-July 1939.*

● If your best friend refuses to drive her car after dark, don't put it down to an old-maid disposition. Maybe she just hasn't enough Vitamin A-building items on her budget. For lack of this vitamin causes night blindness in 20 to 40 per cent of the population.

True Vitamin A is found in foods of animal origin. Vegetables produce carotene, containing a mixture of Vitamin A and other substances. This must be converted by the liver and then sent to the retina of the eye through the blood stream. If sufficient Vitamin A is not present, night blindness is the result.

Recent tests indicate that night blindness may be partly responsible for the increased number of traffic accidents. One case was given of a man who was unable to see even a white horse with which his car collided. It is also a logical assumption that many pedestrian accidents may be due to the same cause—inability to see at night.

Treatment—or prevention—depends largely on the individual. If he is other-



wise in good condition, the food sources of the vitamin—such as butter, milk, carrots, or liver—may be added to his diet. But where there is indication that the liver is incapable of converting carotene, the vitamin itself should be given in preformed state. *Manville. Nutrition and Night Blindness. Northwest Med. June 1939.*

## Time for a truce

- If any two groups need each other today, they are public-health nursing and medical-social service. Still, the age-old rivalry between the two continues, apparently unabated.

This constant competition seems particularly wasteful in the light of current facts. Indigent families need health guidance now as never before. Their right to receive aid should not be influenced by the jealousies of those charged with providing it. Yet this sometimes happens.

For instance, the social worker lacks respect for the nurse's knowledge beyond routine bedside care. Hence, she fails to report to the nurse all necessary information. Or, the nurse refuses to call for a case worker. She feels capable of handling all follow-up herself. In each case the client is not receiving the full service his problems require.

Contrary to the impression of each group, the two fields overlap considerably. Today many public-health nurses are as well informed on the sociological aspects of public welfare as are many social workers. In the

same way, social service has come to place more and more stress on the health aspects of individual family cases. And, although the case worker could never substitute for the nurse, the reverse is frequently true.

How can there be room for competition in the face of such similarity?

If steps are to be taken toward ultimate appeasement, let public-health nurses demonstrate their stature by being the first to discount personal pride in the interest of community welfare.

When a case worker is needed to help adjust family funds and emotions during illness, the public-health nurse should unhesitatingly call her. Follow-up work, too extensive for the nurse to handle, should also be turned over to the social worker.

Problems involving hygiene, housing, diet, and the provision of medical care, however, have mutual significance. It is on these points that the public-health nurse must base her plea for the social worker's cooperation. On such questions nurse and case worker must think and act together. For conflicting instructions to the client lead only to trouble for all concerned.

It is time for a truce, we say. It is time both groups recognized their interdependence and put it to better use.

---

SEPTEMBER, 1939

# Moving day

By ROXANN

• Sometimes I think friends are a mixed blessing.

Scotty is moving. She has had an apartment around the corner from me for three years.

When she first moved in, her belongings were stowed in a trunk and two suitcases. All her kitchen junk (for preparing light snacks on an electric grill) went into *one* cardboard carton.

"And I aim to keep things down to a minimum," Scotty insisted at that time. "You know—so I can pick up and move at a moment's notice."

It was a swell theory, even if it didn't work.

Last week, when Scotty was appointed to a new job 250 miles away, she sent me an S.O.S. She needed help!

Have you ever lived in one place for a period of years?

Then you have some idea of the number of gadgets that accumulate.

"Why doesn't someone invent a collapsible one-room apartment for nurses?" Scotty wailed, standing in the midst of the wreckage. "When we change jobs we could just tie it up with a stout piece of cord, fasten on the new address with adhesive tape, and call the expressman. At the end of the trip we'd find the old homestead slightly crushed

but otherwise as we left it—slippers half under the studio couch, cap speared to one of the draperies, and freshly starched uniforms taking the place of honor in the clothes closet. Don't you think I've got something there?"

"Yes, and you've got something here," I answered, looking first at the packing case bursting with books and then at



"*'You should wangle about six more wooden boxes,' I said.*"

the still crowded bookshelves.

"Mm-m-m," Scotty answered, following my gaze. Her face settled into a look that would have given Dr. Five-Foot-Shelf Eliot a cerebral hemorrhage. "Lovely characteristic, this home and fireside instinct of mine! I should marry a nice farmer with land—good, solid, immovable land, and a twenty-room house. I should—"

"You should scam around to the corner grocery and wangle about six more wooden boxes," I said with real executive firmness. "Much as I enjoy all this chit-chat, I have only one day off to devote to you and your moving."

I'd seen too many girls starting new jobs not to recognize Scotty's classic symptoms.

First, there's the fine glow of enthusiasm. This usually lasts until the final going-away party. The second stage promotes grave doubt and misgiving. This rapidly develops the conviction that it was all a mistake; the prospect of a new position begins to lose its charms.

When the packing actually begins,



"I held up a nifty little 1930 model dinner dress."

the nurse decides she must have been *non compos mentis*—or, as our English cousins so charmingly put it, off her chump—when she agreed to leave the dear old hospital, the familiar streets, the favorite restaurants. Suddenly, she loves every friendly face. Completely forgotten are previous disappointments, irritable tempers, and feline behavior. This is the crisis and demands careful handling.

At this point, a firm and unsympathetic person must click the last lock on the trunks, lead the victim to the railroad station, and push her onto the train from which there is no returning.

Scotty was in the turn-back-at-the-slightest-provocation stage. My duty was clear.

"While you pore over the literature, I'll start on the wardrobe," I offered. So I pulled open the closet door. Two rusty golf clubs and a cardboard hat box fell out on me. In the hatbox were five hats that dated from before the Crash—and looked it.

"If you don't throw out half this old stuff, you'll have to charter a freight



"We can park our weary bodies in the restaurant around the corner."

train to haul it," I insisted.

Scotty agreed amiably, and I began sorting the possibles from the impossibles.

First, I held up a nifty little 1930 model dinner dress. "Here's Candidate No. 1 for the ash can."

"Not *that* one," she screeched.

"But you don't wear it. I haven't seen it on you in years!"

"I know. But it's the one Bill always loved."

"Oh, all right—it's a nice sentiment, if you're starting a museum," said I. "Can you tear yourself away from this moth-eaten sweater?"

"Now Roxie," she wheedled: "I wore that all through training and I wouldn't

[Continued on page 39]



# Intestinal

## infections

### *A concise review of current therapy and nursing care*

• The small intestine is approximately 23 feet long. It is divided into three parts: the duodenum, the jejunum, and the ileum. Stomach contents pass through the ascending, transverse, and descending portions of the duodenum; thence through the jejunum and ileum. They then empty into the cecum, a pouch in which the large intestine begins.

The large intestine, or colon, is about 5 feet long. Like the duodenum, it, too, contains ascending, transverse, and descending portions. It terminates in the sigmoid flexure, an S-shaped bend linking colon and rectum. The rectum is an ampulla-like section above the anal sphincter serving as a reservoir for the feces.

**Pathophysiology.**—The basic functions of the intestines are to complete digestive changes begun in mouth and stomach and to remove waste-matter, or feces. The processes by which these apparently simple functions take place are many and complex. Let us examine the normal processes first and then consider the abnormal results of intestinal infection.

Food, after partial digestion and

maceration in the stomach, is almost completely digested within the small intestine. There it is converted into amino acids, simple monosaccharides, and fatty acids. Moved through the small intestine by peristalsis, the intestinal contents then enter the cecum in a liquid state, relatively free from microorganisms. There, aided by a steady churning motion, digestion is completed.

The intestinal contents next traverse the three portions of the colon. Elaborate intestinal movements keep the colonic contents in constant motion. Water and electrolytes are absorbed. When the rectum is reached, the feces are semisolid.

Any process which hastens colonic activity leads to frequent, watery stools. One that retards it results in hard, inspissated feces. Distention of the rectum with fecal contents produces a desire to defecate. If this is unheeded, excessive dehydration of the feces occurs. The result is difficult and painful evacuation.

**Symptoms of intestinal involvement.**—The outstanding symptoms are pain, diarrhea or constipation, and significant changes in the feces.

Pain is the result of exaggerated intestinal movements. It is severe and cramp-like, and recurs in a series of waves. It is not due to inflammation

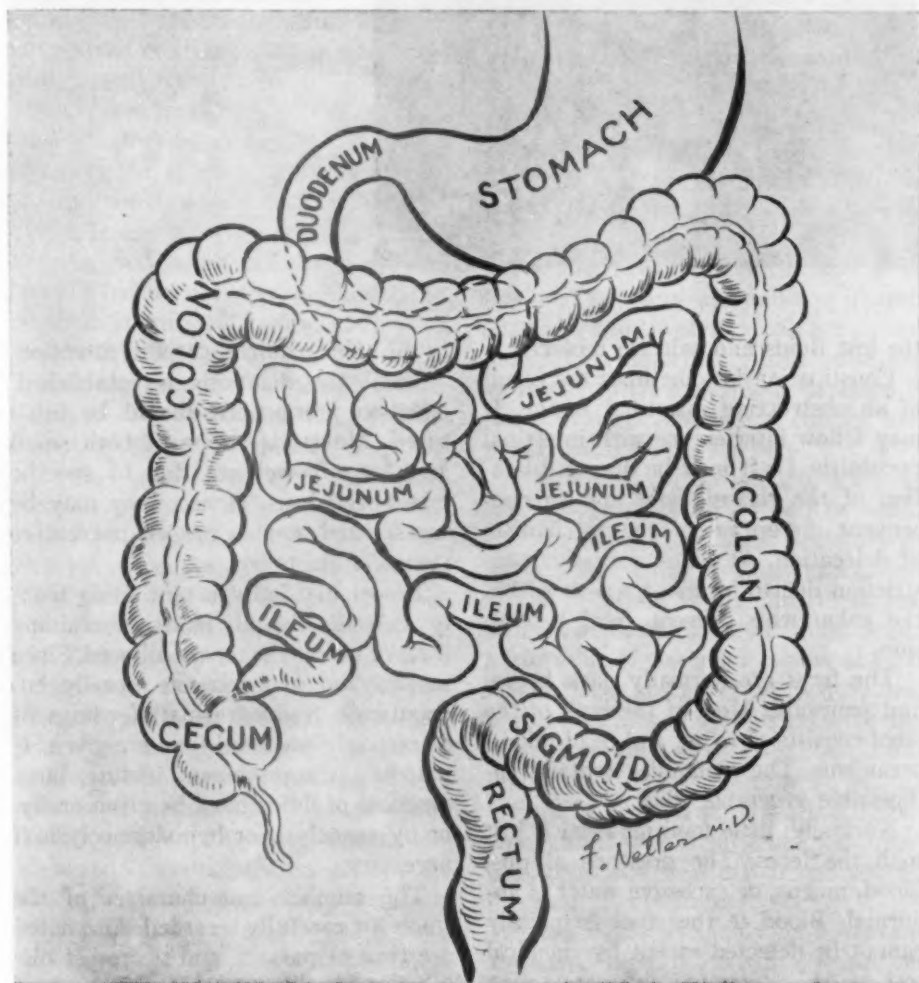


(since the intestinal mucosa is insensitive to pain).

In thin subjects, especially during intestinal distention, these peristaltic movements may be seen on the anterior abdominal wall. Intestinal twisting or kinking, distention, or peritonitis may also cause distress.

Excessive stimulation of the intestinal mucosa by a toxin, an inflam-

matory process, or ulceration causes diarrhea. These stimuli may be impressed high in the small intestine, or they may be restricted to the colon. The hyperperistaltic activity produces pain. It leads to premature evacuation of the partially digested, aqueous intestinal contents. Repeated liquid stools deprive the organism of water and salt. Dangerous dehydration ensues unless



*Food, during digestion, travels through 28 feet of small and large intestine. This diagram shows major divisions of the intestinal tract.*



*Bad meat was once a source of many intestinal disorders. To-day, Government inspection maintains safe packing standards.*

the lost fluids and salt are replaced.

Constipation is sometimes the result of an obstructing intestinal tumor. It may follow interference with intestinal peristalsis. Or it may be due to dilatation of the rectosigmoid and to consequent disruption of the mechanism of defecation. At times, excessive constriction due to localized spasm within the colon may prevent fecal propulsion.

The feces are normally dark brown and semisolid. Most of the bulk of the stool consists of living and dead micro-organisms. The remainder contains indigestible vegetable fiber.

Normally, little food material is lost with the feces. The presence of pus, blood, mucus, or excessive water is abnormal. Blood in the stool frequently cannot be detected except by chemical test.

**Nursing care.**—The patient with an intestinal infection is usually severe-

ly ill. He requires careful attention.

Until the diagnosis is established, isolation precautions should be instituted. Many infections of both small and large bowel are due to specific micro-organisms. Hence, they may be transmitted unless proper preventive measures are taken.

Proper diet is important. Only highly calorific bland foods, containing little or no roughage, are allowed. Since nausea and anorexia are usually encountered, frequent small feedings of attractively prepared food are given. If diarrhea is a prominent feature, large amounts of fluids must be given orally, or by venoclysis or hypodermoclysis if necessary.

The number and character of the stools are carefully recorded. Also noted are time of passage and degree of discomfort experienced. Specimens are sent to the laboratory routinely. If amebic dysentery is present or suspected, the

stool specimens must be kept warm until examined for the causative *Entameba histolytica*. Great care in handling must be exercised because the stools may teem with pathologic bacteria or parasites.

Temperatures are taken by mouth only as the anus becomes painful and tender during diarrhea. Severe discomfort requires application of soothing or anesthetic ointments, especially after defecation. Patients should be instructed to avoid contamination of the hands after bowel movements.

In some forms of colitis, marked hemorrhage may occur. To avoid exsanguination, signs of hemorrhage must be reported promptly.

Treatment is symptomatic, to control the discomfort and diarrhea; specific, if such measures are available. Bismuth subnitrate, kaolin, and opium are prescribed singly or in combination. These may decrease excessive peristalsis and allay inflammation. Specific serums or chemotherapeutic drugs are administered as indicated. Medicines must be given exactly when ordered. Pills and tablets are seldom recommended since they may cause undue intestinal irritation and may pass through the gastro-intestinal tract before disintegration.

In severe dysentery, emotional excitement, worry, or thoughts suggesting defecation may produce severe cramps and bowel passage. Mental quiet and rest are thus essential. Marked dehydration makes bony prominences less protected. Thus scrupulous care of the skin is necessary to prevent ulceration.

Diagnosis is made from stool findings, blood serum agglutination tests, proctoscopy, and X-ray examination of the colon if indicated.

The infectious diseases of the intes-

tinal tract may be divided into the dysenteries, regional ileitis, ulcerative colitis, typhoid fever, undulant fever, and cholera. [The last three will be discussed in future articles.]

**The dysenteries.**—The most frequent dysenteries of the Northern Hemisphere are amebic dysentery and bacillary dysentery.

Amebic dysentery is caused by the *Entameba histolytica*. This unicellular organism burrows into the wall of the colon, and at times into the small bowel and stomach. Contamination of food and water with fecal material containing the ameba is responsible for transmission.

Contrary to its name, amebic dysentery often does not manifest itself as a true diarrhea. However, in severe infections, as many as twelve or fifteen pus-containing, watery stools are passed daily. The temperature and pulse are elevated; rapid emaciation develops if not combated. Abdominal cramps and rectal discomfort are severe.

Diagnosis is made on the basis of the history, ulcerations of the colon during proctoscopy, and detection of the amebas in warm stool specimens. If the condition is not identified, one of several complications may arise: perforation of the colon; severe or fatal hemorrhage; abscess of the liver, spleen, brain, and lungs; and stricture of the bowel from healing of extensive ulcerations.

Specific treatment of amebic dysentery yields satisfactory results. Emetine, chiniofon, and carbarsone control the condition promptly.

Prophylaxis is equally as important as active therapy. When dormant or encysted, the ameba lives outside the body. Hence, isolation technique is nec-

[Continued on page 40]

# As others *hear* us—



*If you've a voice like an angel, you don't need the advice in this article. But can you resist trying the suggested exercises?*

HELEN MINNO, R.N.

● Seven dignified nurse executives sat in the living-room of the nurses' residence and "mooed" loudly, one after the other. At least, to the uninformed observer, that was the way it sounded. Then each in turn took up the slow chant, "My ma made many movable mince-meat molds." Each enunciated carefully, speaking with almost exaggerated movements of the lips.

Ridiculous? Not at all. These nurses were conscientious members of a weekly speech class. Although none had a poor voice to begin with, each sought helpful ideas to take back to her students and staff. And, they all agreed, "Vocal gymnastics are grand fun!"

Voice exercises *are* fun. So whether or not you think your voice needs im-

provement, try out some of the routines recommended by speech experts.

First, listen to your own voice. To do this, talk into a small closet. Or, stand in a corner of your room, cup your ears forward with your hands, and speak aloud in a normal conversational tone. How does it sound? High and shrill, low and indistinct, raspy, nasal?

If you don't like your own voice when you hear it, there are a number of things you can do to improve it.

Begin by developing strength and control of diaphragm and throat muscles. Spend five minutes morning and evening practicing proper breathing. Inhale deeply, exhale slowly through the mouth. Hold your forefinger in front of your lips as you exhale and notice

whether breath comes evenly or in gasps. Persistence will give you an even breath, making for a smooth flow of speech.

To strengthen throat muscles, yawn with the head thrown back. While the head is relaxed, allow your jaw to drop down. Then close the mouth quickly and firmly. Next, roll the head from side to side, alternating with stretching the neck upward as far as possible.

Your throat is open when you yawn. And it must be open if the voice is to sound rich and full. Practice opening your throat without yawning and notice the difference in the quality of your voice.

To test for resonance, put your hand on your chest while you are speaking. If you can't feel a vibration, try speaking in a different pitch. Never increase the loud tones. Change the deep ones until you can feel the vibration. By doing this you will soon gain a surprising range.

Chanting is an excellent exercise for resonance. (An example is the chant of the tobacco auctioneer, so well-known to radio audiences.) One of the favorite lines for this exercise is, "The Lord is in His holy temple; let all the earth keep silence before Him." Chant it slowly, giving full emphasis to the round "o" and "a" sounds, and softening the "r's" if they sound harsh. Then say the same line in a normal voice and with full expression, but keep the same round sounds that you had in the chant.

Chanting is also an effective device for eliminating nasal "m" and "n" sounds. Chant me-me-me-me-me-me-me-e-e-e-e- as long as there is any breath in back of it. Then say it, using the open throat and full arch in the roof to keep out the nasals.

This nasal twang is one of the most

frequent defects. To find whether there is a nasal quality in your voice, hold your nose and recite the alphabet. It should sound just the same as when the nose is free. ("M" and "n," however, will sound differently with the nose closed.) Practice in speaking from an open throat will help overcome a nasal.

As an aid to enunciation, recite "Ma-me-mi-mo-mu." For lip flexibility—one of the basic requirements for good enunciation—change the consonant to "f," "h," "j," "p," and "t." Recite each slowly, then increase the tempo until you are speaking as rapidly as you can without stuttering. Another valuable exercise for stiff mouth muscles is to pout and grimace alternately.

Demosthenes did it the hard way when he put pebbles in his mouth to cure himself of stuttering. But perhaps his idea was father to the pet enunciation exercise of a famous singing teacher. She has her pupils hold a cork between their teeth while they talk!

Reading aloud is one of the best ways to correct poor enunciation. At first your reading may be a little halting and strained; you will tire easily and grow breathless. But after a time you will be able to read with a fluid ease which will be surprising. Make a special effort even with simple words like "Mary," "pie," "fancy," "three." Make them sound fuller; more mellow.

After you've discovered what corrections your voice may need, and how to make them, persistence comes next in importance. Think about your voice every time you speak. Make full use of your throat and breathing, your lips and tongue. Talk to yourself in a mirror to make sure that the lips are forming the words as they should.

One day you'll find that it has all become a habit.



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# Calling all nurses

*Is there someone in the profession you'd like to locate? You may insert here, without charge, a 75-word notice. Items will be published in the order received. Be sure to include your full name and address so that replies may reach you. Just address the "Calling all nurses" editor.*

**KATHERINE HUMPHREY CURTIS:** Does anyone know where I can locate "Humpy?" Her husband is Dr. Eugene C. Curtis, a Harvard graduate. When I last heard from her, they were living somewhere in Maryland. Laurie, c/o "Calling All Nurses," R.N.—A JOURNAL FOR NURSES, Rutherford, N.J.

**HOMEOPATHIC NURSES:** The National Homeopathic Nurses' Association will hold its annual convention in New York City, Oct. 18 and 19. Nurses interested in attending should write Miss Lillian Buchanan, R.N., State Sanatorium, Mt. Alto, Pa.

**FINLEY HOSPITAL GRADUATES:** The fortieth anniversary and general reunion of all Finley graduates has been set for September 23. Those interested in attending are invited to communicate with Clara Henchen, Finley Hospital, Dubuque, Iowa.

**ALICE THOMPSON LANE:** I think of you so often, and of our days together at the Eureka General. If you see this, please write and let me know where you are. [Miss Lane is a graduate of Merritt Hospital, Oakland, Calif.] Mildred Roberts Larson, 5300 Shafter Avenue, Oakland, Calif.

**NORA HUDSON:** It has been nine years since I last saw you, but I have thought of you many, many times. If you see this and



## CANNED FOODS AND HUMAN ENERGY REQUIREMENTS

● An adequate supply of food energy is one of a number of nutrient requirements of man. Fortunately, all nutrients—with the exception of water, minerals and accessory factors—supply chemical energy which the body can utilize to support muscular activity and life processes. Individual foods will, however, vary in the extent to which they supply food energy.

The energy requirements of man and the caloric values of foods have long been fields of active investigation. Energy requirements are measured in terms of a heat unit, the calorie. Many researches (1) show that human caloric requirements are variable and influenced by a number of factors.

During periods such as infancy, childhood, pregnancy and lactation, or during convalescence from wasting illness, energy-yielding nutrients are required both for support of body activity and for tissue formation. However, for the average adult, food energy intake should balance energy expenditure. For adults, variation in activity is the chief factor influencing variation in energy requirement; age, sex, size and body build being comparable. Sedentary occupations may require a food energy intake of 2500 calories per day; 5000 calories might be necessary if the individual engaged in strenuous muscular activity. Close approximations are available for the probable food energy requirements of individuals during different stages of the life cycle and engaged in various activities (1, 2).

Experiments (3) have also demonstrated that oxidation of foodstuffs in the animal body—due allowance being made for the energy contents of the end-products of oxidation—yields the same number of

calories as are produced by the oxidation of similar foodstuffs in the combustion type calorimeter. Since the potential food energy of foodstuffs resides in their contents of carbohydrates, fats and proteins, the available calorific value of any food may be readily calculated (4) by using the factors 4, 9 and 4 calories per gram of these respective nutrients. Of these food components, the carbohydrates and fats are those which contribute most towards attainment of our varied, food energy requirements. Reliable tables are available (5) which list the calorific contributions of most common foods.

It has been established first, that foods—principally by virtue of their carbohydrate and fat contents—contribute energy for use by the human body; and second, that the human energy requirement is conditioned by many factors and may vary widely. An adequate supply of food energy is, of course, one of the necessary objectives of proper nutrition. However, individual attributes such as vitality, strength or endurance are influenced by—but not solely dependent on—proper nutrition, in which adequate food energy is supplied.

The food energy values of commercially canned foods are essentially those of the raw materials from which they are prepared. In some instances, the natural caloric values of the raw foods may have been enhanced by the medium in which they were packed, for example, carbohydrate-bearing syrups or sauces used in the canning procedure. Consequently, since canned foods include products of both high and low caloric intakes, such foods are valuable in formulating diets to supply any intake of food energy which might be desired.

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1. 1938. Nutrition Abstracts and Review. 7, 509.
2. 1933. U. S. Dept. Agr. Circular No. 296.
3. 1931. The Elements of the Science of Nutrition, Fourth Edition, Graham Lusk, Saunders Co., Philadelphia, pp. 61-74.
4. 1938. Chemistry of Food and Nutrition, Fifth

Edition, Henry C. Sherman, Macmillan Co., New York, pp. 130.

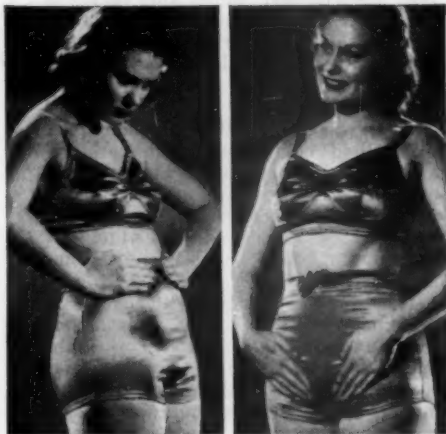
5. 1931. U. S. Dept. Agr. Circular No. 146.
1931. U. S. Dept. Agr. Circular No. 50.
1935. Dietetics for the Clinician, Second Edition, M. A. Bridges, Lea & Febiger, Philadelphia.

*What phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. Address a post card to the American Can Company, New York, N. Y. This is the fifty-first in a series which summarize, for your convenience, the conclusions about canned foods reached by authorities in nutritional research.*



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recall a friend by the name of Kay, won't you write and tell me all about yourself? I should like so much to renew our friendship. Kay M. Heidgerd, Tuxedo Memorial Hospital, Tuxedo Park, N.Y.

**CAROLINE FRENCH:** I should be delighted to hear from you again. I remember with great pleasure our days at Bremerton General. Marie B. Allison, No. 49, Buckingham Apts., Salt Lake City, Utah.

**ALL NURSES:** I would like to have a few pen friends among the nurses of the United States, especially California. I am a Dutch registered general and maternity nurse, working now in the Dutch East Indies. While ship's nurse, I visited the United States many times, and should like to keep in touch with nurses there. Margaretha Van Iterson, 4 Tjiliwoengstraat, Soerabaya, Java, Dutch East Indies.

**JESSIE MACLEOD:** Please write and let me know where you are and what you are doing. Are you still in Boston? Remember the days at Hudson City Hospital in New York! Jean Wilkie Spoon, 318 W. College St., Farmington, Mo.

## Help yourself to a job

[Continued from page 9]

nursing needs the most candidates. Capable nurses steer away from it, believing that it is too dangerous. Records show, however, that the risk here—provided nurse and hospital cooperate in precautionary measures—is not appreciably greater than in other fields.

Psychiatry demands special talents; but here, too, there is opportunity. The salary level is higher than in most branches of general nursing, yet that is not the main attraction. Psychiatric training provides the individual with a knowledge of human nature, a sane mental hygiene which will serve her generously throughout the extent of her professional life.

[Turn the page]



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Anesthesia is rapidly becoming more and more important. Graduate nurses fortified with postgraduate training in this specialty are in constant demand.

And, for the theoretically minded, there are many opportunities in the field of nursing education.

General-duty nurses who seek more responsible posts than those available in ward service, find that they can sometimes move from the hospital staff to the hospital out-patient department. One nurse in a large county institution in the Midwest, who managed this transition, said:

"It's a grand opportunity to use the work in public health I took at the University last year. But, more than that, working with the partly well has given me a new slant on the importance of health education. I'll admit I liked general staff nursing. But this O.P.D. service seems far more akin to my professional ambitions."

That, perhaps, is the keynote in the selective process—to choose work which is akin to your professional ambitions and ideals, however odd that kinship may appear to those who observe your activities.

There are few nurses, for instance, who can understand or sanction the determination of the rare woman who decides to go to the Chinese interior to care for lepers. There is no glamor here, no income worth considering; yet there is an appeal that challenges the nurse who puts service before self.

Not everyone who seeks a foreign nursing post, however, chooses wisely or well. One placement bureau cites a startling case in point:

They advertised a rather mediocre position in Alaska, hoping against hope that they would receive a few replies. In less than a week they were swamped

## AS ONE PHYSICIAN TO ANOTHER—



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with applications from all over the country. Obviously, from the tone of the letters, most of these candidates were drawn by the lure of the romantic Northwest. They were not moved by the opportunity to do a good nursing job—for no such opportunity existed.

Most vocational counselors agree that this latter method is a thin way to plan your professional future. They advise extreme caution when considering posts in out-of-the-way parts of the world. Why? Because the chance of locating a job with a future in foreign lands is becoming thinner every year.

One factor which has cut down the number of openings in foreign service is the use of more trained native women in the care of the sick. Thus, only supervisory posts are left for nurses from the United States.

If you feel an irresistible call to foreign service, however, investigate thoroughly the logical sources for such jobs—church missions, philanthropic organizations, and big industry with foreign or territorial branches. Convince yourself, after this research, first, that there are jobs available; second, that you have the necessary assets for success in this work.

Age is a factor in many nursing posts. Office positions, for example, usually demand nurses under thirty. Occasionally there are exceptions, as in the case of one California physician who advertised for an office nurse "between twenty and fifty." More often the reverse is true.

A middle-aged nurse who had always done general duty in a New York hospital decided, finally, to try for the regular hours of office nursing. She spent months on a typing and bookkeeping course. She learned to use X-ray and electro-cardiograph equipment. Then, to



## Father to Son to Grandson

Colonic stasis, caused by intestinal atony, often occurs in the same family, and its attendant constipation may frequently be traced through several generations. Well-chosen salines are beneficial and can be intelligently administered over a period of time in relieving such constipation.

### Sal Hepatica

by its osmotic influence, brings *liquid bulk* to the intestines. The resulting stimulation of peristalsis gently clears the intestines of residues. Its mineral salts help to combat the gastric hyperacidity which so often accompanies constipation. Choloretic and cholagogic

actions induce increased flow of bile from both the liver and the gall bladder.

Sal Hepatica, resembling the action of famous natural mineral spring waters, makes a zestful, pleasing drink . . . Shall we send samples and literature?

### Sal Hepatica

*Flushes the Intestinal  
Tract and Aids Nature  
Toward Re-establishing a  
Normal Alkaline Reserve*



**BRISTOL-MYERS CO.**  
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## FOR Sheet Burns and other minor skin irritations

• Patients suffering from sheet burns or other minor skin irritations will bless you if you relieve this misery with Mentholatum. This gentle ointment cools and soothes the irritated skin, and its medicinal ingredients help promote healing. The discomfort, restlessness, and irritability due to sheet burns soon give way to grateful comfort and relaxation. Use Mentholatum for prickly heat and chafing, too.

The Mentholatum  
Company, Dept. N,  
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**FREE  
TUBE**

Please send free trial tube of  
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Street

City  State

**MENTHOLATUM**  
Gives COMFORT Daily

her disappointment, she discovered that she could not find a position because of her years.

It is largely a matter of being practical. If this nurse had studied the field before going blindly ahead, she would have found other opportunities suitable for a woman of her age and experience. Day nurseries run by private charities usually select an older nurse as administrator. Obstetrical nursing, since its methods and technique are not constantly changing, is another logical field. So, too, is the care of aged and chronic patients.

In selecting a career, remember that you can seldom wait for the job you desire to seek you: You must make your own openings.

A nurse from Texas tells with pride how she opened the door into the field of her choice: department store nursing. She lived in a small town and could not afford to make personal visits to a dozen cities. So she planned a campaign by mail. She sent a form letter to many large stores, asking whether or not there was a first-aid department or nursing service. But she didn't ask for a job.

Almost without exception, her letters drew brief but courteous replies. She crossed off all the stores that seemed to have well-established services. To the others she sent a second letter, written only after carefully planning her method of approach. She cited the advantages of such a service, listed her qualifications, and explained her interest in the work. This second letter drew three appointments for interviews. One resulted in an opportunity to establish a first-aid department.

Finding the kind of position that will build a professional future for you is not easy. But the effort you spend in this direction is bound to justify itself in the long run.

## Comparative Effects of Alka-Seltzer and Aspirin on Urinary Acidity

### CROSS-SECTION TABULATION OF EXPERIMENTAL RESULTS

SUBJECT	TIME IN HOURS	ALKA-SELTZER pH	ASPIRIN pH
T. C.	control	6.24	6.62
		FOUR TABLETS GIVEN	
	1	6.99	6.41
	2	7.94	6.45
	3	7.86	6.82
	4	7.76	7.09
W. C.	control	5.00	6.28
		FOUR TABLETS GIVEN	
	1	7.21	7.00
	2	7.81	6.84
	3	7.87	6.83
	4	7.69	7.15
J. M.	control	6.37	5.62
		TWO TABLETS GIVEN	
	1	7.84	6.95
	2	8.22	7.72
		TWO TABLETS GIVEN	
	3	8.04	6.91
	4	8.03	6.64

ANOTHER phase of a lengthy series of investigations of Alka-Seltzer is illustrated in the accompanying tabulation.

This, and other controlled experiments, were undertaken in order to determine and define the limits of Alka-Seltzer as a means of affording relief in certain minor ailments.

A digest of the complete findings of the investigators will shortly be published and will be sent with our compliments to interested physicians.

### CONCLUSIONS

Following the administration of Alka-Seltzer marked increases in urinary pH were found.

A pH of over 7.0 and in some cases over 8.0 was obtained by the end of the second hour in all cases and continued at that level through the experimental periods.

After aspirin only slight changes were found; increases in pH to 7.0 were observed only in three subjects but the increase was not maintained for more than one hour.

**MILES LABORATORIES, INC.**  
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Cleans As It Whitens



Gives a "New Shoe" Finish



Will Not Rub Off



Quick And Easy To Use

## GRIFFIN ALLWITE

BOTTLE OR TUBE  
10¢ and 25¢ Sizes

## Convalescent home

[Continued from page 14]

carved woodwork, and dust-catching rugs are difficult to keep clean and, therefore, to be avoided.

When planning the administration of your nursing home, first select three physicians willing to serve as medical advisors. Such an advisory board usually functions without remuneration. Its responsibility is to see that proper scientific, professional, and ethical standards are maintained.

One graduate nurse must be on the premises at all times. Usually, one nurse for every five patients is employed in the daytime; one nurse for ten patients at night. Sometimes, however, if the patients do not require much attention, one day nurse will be adequate. This is especially so if you can arrange to take time from your managerial duties to help her with routine care.

You yourself should assume the responsibility of planning meals and purchasing supplies. You will want to employ a good cook (good meals are extremely important) and a maid to do housework and help with the dishes. A handyman to tend your furnace and do heavy work may also be necessary.

Inquiries made among a number of convalescent homes indicate that salaries for staff nurses run from \$75 a month up, depending on the size of the institution. Meals are always included and sometimes maintenance. You should be able to engage a cook for \$60 and a maid for about \$40, (both to live out). Men to tend furnaces are frequently available at \$30 a month. Sometimes you can reduce your overhead by employing a capable practical nurse for night duty.

When you have your home equipped



**PATIENT:** "Has it been your observation, Doctor, that women find the use of Tampax quite satisfactory?"

**DOCTOR:** "Mrs. Browning, if you could hear the enthusiastic reports I have had from women who have given Tampax a proper trial . . ."

Mrs. Browning found convincing reassurance in learning . . .



## Why Patients so Enthusiastically Prefer TAMPAX

While medical approval of Tampax arises from sound scientific considerations, to the wearers these efficient menstrual tampons have proved a real boon. Women from all walks of life, including hundreds of women doctors, wives of physicians, and nurses, have testified to the many ways in which this truly hygienic method of internal protection contributes to personal comfort and convenience.

Tampax affords complete freedom from the bother of pins, belts and pads . . . abolishes conspicuous bulges . . . minimizes offensive odor . . . permits eliminative functions without removal . . . renders tub-bathing practical . . . and promotes normal external daintiness. The user is practically unaware of its presence.

Tampax is the unique design of a physician. Its individual applicator facilitates easy insertion. Special cross-fibre stitching prevents disintegration. And a water-proof cord facilitates gentle removal. The positive "wick" action of its fine surgical cotton prevents any blocking of the flow. The coupon will bring a trial supply for demonstration.

### TAMPAX INCORPORATED · NEW BRUNSWICK, N. J.

TAMPAX INCORPORATED, New Brunswick, N. J., Dept. RN 99  
Please send me a professional supply of Tampax.

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Street.....  
City..... State.....

ACCEPTED FOR  
ADVERTISING BY THE  
JOURNAL OF THE  
AMERICAN MEDICAL  
ASSOCIATION

## TAMPAX MENSTRUAL TAMPONS

The Modern Method  
for hygienic  
protection  
because they . . .

1. Permit absorption of menstrual discharge at cervix uteri.
2. Eliminate prospect of irritation.
3. Minimize subjection to odorous decomposition products.
4. Reduce danger of infection of perineal origin.
5. Relieve psychological hazard.
6. Provide sanitary protection in its most convenient, comfortable and hygienic form.

## Little Patient Big Problems



Your baby patient isn't a big problem when mother's milk is exhausted. Evaporated milk is at your service for infant feeding. By using White House Evaporated Milk, you give your patient a nourishing bottle formula. Highly digestible, of course! **HOMOGENIZING** breaks up the fat globules of ordinary milk into tiny particles and blends them evenly throughout White House. **PROCESSING** permits a very soft, finely-divided, fluid-like curd to form in the infant's stomach, almost as readily digested and assimilated as the curd of mother's milk. **STERILIZING** in hermetically-sealed cans kills disease-bearing bacteria, including those which may cause diarrhea.



SOLD EXCLUSIVELY AT A & P FOOD STORES

and staffed, the next step is to apply for a health department license. In most States, nursing homes are subject to the inspection and approval of the local board of health or department of hospitals. To obtain this approval, the procedure is somewhat as follows:

Application for a permit is usually required in writing on a form furnished by the hospital department or board of health. It must be signed by the individual who will be responsible for the conduct and business management of the institution. Soon after this application has been filed, an inspector will call to examine the "physical plant." If the home meets all plant requirements, you will be granted permission to open for business. A month or two later, the entire home will be inspected again. If it passes the second inspection, your license will be issued. The license expires one year from date of issuance, but can be revoked at any time at the discretion of health authorities.

Although State requirements vary, there are several important specifications which must be met and which are basically the same throughout the country. For example, most State laws give specific instructions regarding the name of a nursing home. It may be called "Home for Chronic Patients," "Home for the Aged," "Convalescent Home," or "Nursing Home." The title "hospital" or "sanatorium" may not be used.

In New York State, every new building over twenty feet high in which patients are gathered for medical care must be of fireproof construction. All old buildings over two stories high, not fireproofed, must be equipped with outside iron stairways, and with doorway exits leading thereto on each floor above the first.

Many States require space to be set

aside for a mortuary. And, if a laboratory is to be operated, a special health permit must be obtained.

Zoning laws, too, usually effect the operation of a nursing home. While most towns and cities permit nursing homes in residential districts, it is wise to be positive about this fact before making an investment. Some ordinances permit the housing of "paying guests" but object to bedridden patients.

Insurance is another important consideration, and in some States it is required by law.

The success of your venture depends largely on painstaking attention to all these minute details. It is not an easy job to elect for yourself. But, if you decide to enter this field, you should find it not without rewards. For the older nurse with a nest-egg, or for the young nurse with vision and ambition, it appears to offer a highly stimulating career.

## Moving day

[Continued from page 19]

part with it for the world."

I fought tooth and nail, though. Finally, some of the heirlooms went scuttling down the incinerator.

Then I started on the relics.

"If you ever land in your new home town with this teddy bear, someone will send for the psycho bus," I grinned.

"What did you do with yours?" she countered. "Remember the night we won them? We were supposed to be hostesses at the card party to raise money for the new wing. And remember, Bill barged in with Michael? It was Mike's first night as resident in pediatrics. I can still see them sneaking into the kitchen and wigwagging at us.

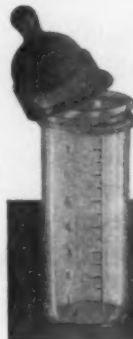
[Turn the page]

## SHORT TALK ON BABIES

What can a nurse do to help the doctor guard against infant gastro-intestinal disorders? One thing, perhaps, warn carefully against unclean equipment. When Dr. William More Decker invented Hygeia Nursing Bottles and Nipples 45 years ago, he wanted to eliminate germ-breeding dirt.

That is why Hygeia Bottles are wide-mouth and require no brush or other equipment to clean them. Rounded inner surfaces do not trap dirt. Breast-shaped nipple is easily inverted for thorough cleaning. Tab at base makes it unnecessary for fingers to touch sterilized surface.

Hundreds of hospitals and thousands of doctors recommend easy-to-clean Hygeia equipment today. Why not tell your patients how it helps to eliminate dangerous germs?



Special offer to hospitals.  
Hospitals may now buy  
Hygeia Bottles and  
Nipples at approxi-  
mately the same cost as  
ordinary equipment.

**HYGEIA**

*the Safe*  
NURSING BOTTLE AND NIPPLE

Accepted for advertising in the publications of the  
American Medical Associations

TURN TO  
**SHINOLA**  
WHITE SHOE CLEANER

Nurses like this quick-whitening cleaner that removes spots and stains so easily. Good for shoes, too.

DOUBLE-MONEY-BACK GUARANTEE  
WITH EVERY BOTTLE AND TUBE 10¢ and 25¢

The superintendent was wild because we disappeared and went to that awful little carnival!"

Scotty was laughing so hard that she dropped the hammer she was using to nail on a box cover. A china elephant ash tray crashed into smithereens.

"One less to pack," said I, thankfully.

She glared at me and picked up the pieces one by one.

"Speaking of packing," I said, peering into a box, "how do you think those dishes are going to survive, with an electric iron snuggled in their midst?"

"It's all wedged in," Scotty replied stoutly.

"And the liquid shoe-white and the silver rattling around in this coffee pot!" I marveled. "Scott-o, you pack as if you had taken lessons from a movie wife who is leaving her husband!"

"They had to go in somewhere," she maintained. "And I'm about fresh out of room."

I glanced at the clock. There wasn't time to get more cartons or boxes. Scotty examined her wrist watch and then me.

"From the looks of us," she said, "a little judicious sandpapering, then a bath and some refreshments are in order. Or maybe we can just scrape the

top layer of soot off our noses and park our weary bodies in the restaurant around the corner. How about it?"

Before you could say, "Sold to the highest bidder," we were streaking down the street, trying hard to remember that there is such a word as "moving."

## Intestinal infections

[Continued from page 23]

essary for patients and carriers. Proper sewage control and simple cleanliness aid greatly in preventing spread of the disease. Infected food handlers are a serious menace, and should be recognized and treated.

Bacillary dysentery is a specific infectious disease caused by the *Bacillus dysenteriae*. Two strains, the Shiga and the Flexner, have been described. The former produces more virulent and more frequently fatal infections.

The onset is sudden, accompanied by malaise and abdominal discomfort. Intense diarrhea quickly develops. Sometimes as many as fifty watery, blood-containing stools may be passed in twenty-four hours. Abdominal pain and rectal tenesmus are usually severe, necessitating opiates for their control. Death from exhaustion may occur in thirty-six hours. If the infection is mild,

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# Rhythm

Reestablishment of natural peristaltic rhythm in cases of habitual constipation may be accomplished with Saráka\*. Doctors find that it provides a bland, easily-gliding *bulk*, lacking in the average daily diet. Saráka also gives rhythmic *motility* to the flabby intestinal musculature.

Saráka's bulk forms an integral part of the intestinal contents, softening and smoothing the fecal mass. It causes no griping, digestive disturbances, or annoying leakage.

## SARÁKA

is not habit-forming. To pure bassorin granules (derived from an East Indian tree sap) a specially-prepared frangula is added. These give smooth, lubricated

### BULK PLUS MOTILITY

Convince yourself of the safety and efficacy of Saráka. Simply fill in and mail the coupon for your free trial supply.

## SCHERING CORPORATION BLOOMFIELD, NEW JERSEY



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\*Reg. U. S. Pat. Off.

SCHERING CORPORATION, BLOOMFIELD, N. J.

Please send me Free clinical trial supply of Saráka.

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St. & No.....

City..... State.....







*One nurse invites another...*  
**"TRY My LOTION"**

The effective way in which it helps to combat the harsh effects of frequent washing and antiseptic solutions on your skin has made Chamberlain's a favorite lotion among nurses nationwide. Once you've tried it... have seen and actually felt the difference... you'll be convinced, and willing to let Chamberlain's Lotion help guard the softness and attractiveness of your hands, arms and skin too. Never thick or sticky! Try it!

**Chamberlain's**  
*Lotion* at Drug... Department Stores  
 and Toilet Goods Counters



*...and win their undying gratitude*

End disagreeable diaper washings with Dennison Babypads, the soft linings for diapers. When soiled, remove these linings and flush away. They help protect baby's tender skin from diaper rash. The cost is only 3c a day.

Send for generous supply of Dennison Babypads, FREE

**USE COUPON**

DENNISON, Dept. BJ-278, Framingham, Mass.  
 Please send me free a liberal supply of Dennison Babypads. Triangular ☐ Oblong ☐

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CITY.....STATE.....

**Dennison BABYPADS**  
 THE NEW SANITARY DIAPER LINING

the disease runs a self-limited course.

Bacillary dysentery is a true toxemia. Its clinical picture is produced both by local inflammation of the large bowel and by circulating toxins. Diagnosis is established by agglutination tests and cultures taken from the ulcers on proctoscopy.

Therapy embraces two avenues of attack:

The patient is made comfortable with bismuth subnitrate and tincture of opium. Intravenous administration of a specific antiserum may then produce good results. Some authorities also recommend the use of magnesium sulfate.

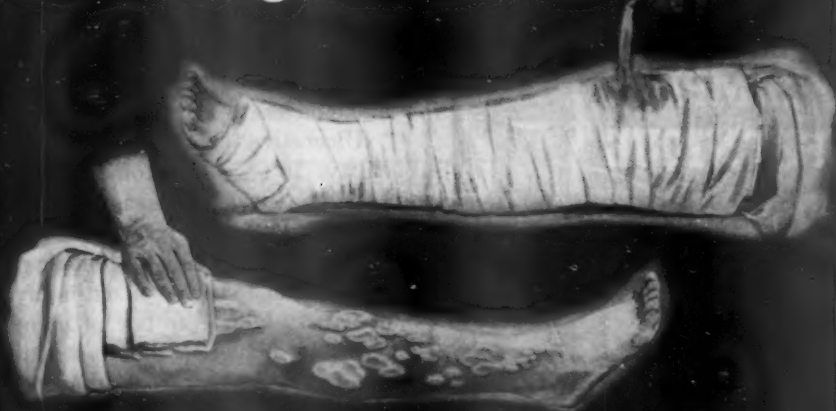
**Regional ileitis.**—This infection was first recognized and described within the past decade. It is characterized clinically by diarrhea, loss of weight, abdominal pain, and progressive anemia.

Examination of the abdomen reveals a tender mass in the region of the appendix. Characteristic X-ray findings permit accurate diagnosis. Pathologically, regional ileitis consists of thickening of the ileum at the point of attachment to the cecum, with corresponding narrowing of the lumen. Eventually, obstruction develops, and is recognized by intractable constipation, cramps, and vomiting which may become fecal.

The only effective treatment of regional ileitis is surgical excision of the involved portion of the ileum. Preoperatively, the general condition of the patient is improved by a highly calorific diet and, if necessary, by blood transfusions.

**Ulcerative colitis.**—Ulceration of the colon is not uncommon. Proctoscopy may reveal many shallow erosions of the intestinal mucous membrane. The remaining intact mucosa is hyperemic

## In first, second and third degree burns—



Dressings, saturated with full-strength Hexylresorcinol 'Solution S. T. 37,' are placed on the burned area and are kept wet with the Solution.

## HEXYLRESORCINOL 'SOLUTION S. T. 37'

Hexylresorcinol 'Solution S.T. 37' provides *surface analgesia* for the relief of pain and *antiseptis* for the prevention of infection. Other major considerations are that it is mildly astringent, non-irritating, non-toxic, and promotes healing. It is colorless and odorless. It contains glycerin which retards evaporation and aids tissue regeneration. The full-strength Solution may be applied by spray or with wet dressings.



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## LOCAL RELIEF with CAMPHO- PHENIQUE



This preparation helps to soothe the inflamed, injured and irritated skin areas. To thousands of patients it brings welcome relief from discomfort, itching and pain. When painted over involved areas at regular intervals Campho-Phenique tends to abate inflammation, alleviate discomfort, lessen the incidence of secondary infection and prepare the area for more rapid healing.

Campho-Phenique Liquid, as a routine treatment in the office and as a follow up in the home, is recommended for use in the treatment of fresh cuts, wounds, and burns; poison ivy, impetigo and boils. It provides analgesic, antipruritic and antiseptic action.

### SEND FOR FREE SAMPLE

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Gentlemen:

Please send me samples of Campho-Phenique Liquid, Ointment and Powder.

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and usually contains small punctate hemorrhages.

The onset is insidious. Bowel movements gradually become more frequent. When the condition is fully established, six to ten movements may occur daily. Abdominal cramps and rectal tenesmus add to the patient's discomfort. The stool is watery, and contains pus, blood, and mucus.

Ulcerative colitis is not a disease entity. It is a symptom complex embracing a group of diseases that lead to ulceration of the colon and to diarrhea. The underlying pathologic process may be tuberculosis or actinomycosis; or it may be due to one of many bacteria. If a specific micro-organism is not found in the stool, the condition is then termed "non-specific."

Ulcerative colitis usually runs a long, protracted course. Treatment is unsatisfactory, although bismuth salts provide a measure of relief. Vaccines have proved disappointing. After unsuccessful medical management for a year or two, surgery is usually the last resort; ileostomy is performed, intended to put the colon at rest and encourage healing. If untreated, ulcerative colitis generally becomes progressively worse. Death may occur from emaciation or bowel hemorrhage.

[A bibliography of references on this subject will be sent on receipt of a stamped, self-addressed envelope.—THE EDITORS.]

Do you need a physician (general practitioner or specialist) in your community? If so, the magazine *Medical Economics* will be glad to help you. In a special department, it now lists the names of towns currently in need of doctors, thus calling these towns to the attention of the 125,000 physicians who receive the magazine each month. *Medical Economics* is a business journal for medical men. The address: Rutherford, N.J.

# Interesting products

*What is your "I.Q." on new products and services? Here is a ready check-list to keep you up-to-date. You may have samples or literature by writing the manufacturers whose products are described on this page. Be sure to give your registration number, however. The service is available only to registered nurses.*

**UNIFORMS:** Since there isn't any color choice in a uniform, the next best recipe for looking chic—as well as professional—is a variety of line and design. ANGELICA offers styles suitable to everyone. Peter Pan collars, high or low V's, buttons or zippers, tucks or pleats—they're all there for the choosing. What's more, they bear the seal of approval of the American Institute of Laundering; which means they've been tested for quality and durability. For a booklet containing all the details, write Frances Morgan, Designer, Angelica Uniforms, Dept. RN 9-39, 107 W. 48th St., New York, N.Y.

**TISSUES:** How anyone—particularly a nurse—existed before cleansing tissues made their debut, is hard to imagine. Now they're an absolute necessity. VENIDA TRIPLE-X tissues are especially helpful. Three thicknesses instead of two make for extra absorption. And they're soft enough to be non-irritating. Sample sheets of the professional size will be sent free. Address your request to Venida Ltd., Dept. RN 9-39, 119 W. 40th St., New York, N.Y.

**SUGARLESS GUM:** Nothing ever seems absolutely essential until you discover you can't have it. So if you're on a candyless diet, or have patients who are, you'll probably appreciate CELLU SUGAR-FREE GUM. It is intended as a sweets-substitute in diabetic and other sugar- and starch-restricted diets. Four tangy flavors are available: cinnamon, licorice, peppermint, and clove. Further details and a sample may be obtained from the Chicago Dietetic Supply

House, Inc., Dept. RN 9-39, 1750 W. Van Buren St., Chicago, Ill.

**WATCH:** Nurses who prefer a split-second stop-watch for pulse readings, will be interested in the PIERCE CHRONOGRAPH. It is reported as an accurate and reliable time-piece, as well as a stop-watch which checks off the time at the touch of a lever. The watch comes in attractive wrist and pocket models. For further information, address Pierce Watch Company, 22 W. 48th St., New York, N.Y.

**FABRIC:** PROGAR Slipknot POPLIN is the new name for an already well-known fabric called "Nurse's Friend." The only change is in the name. The product is still woven by a special balanced-yarn technique. Its slipknot feature is said to prevent threads from parting under pressure. Many dealers carry uniforms made up in this material. If you'd like to preview the fabric, a swatch will be sent on request. Stone Mill Fabrics Corp., Dept. RN 9-39, 40 Worth St., New York, N.Y.

**BOUILLON:** Do you sometimes feel that you need a pick-up as much as the patient does? One STEERO bouillon cube in hot water will make a cup of broth, beef-flavored and pleasantly seasoned. Try it for an early morning or mid-afternoon lift. And when you can't tempt your patients with other food, an appetizing hot drink of bouillon may just "hit the spot"—particularly on a cool day. For new recipes and a trial supply, address American Kitchen Products Co., Inc., Dept. RN 9-39, Ozone Park, N.Y.

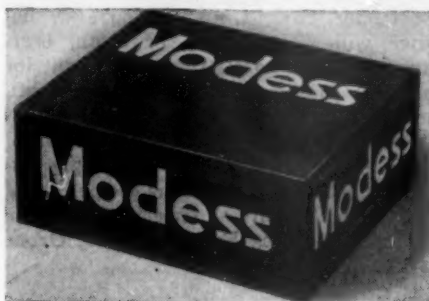
# Modess Announces "Moisture Zoning!"



The modern sanitary napkin is a far cry from the make-shifts of pre-war days. Scientific research and experimentation have resulted in greater *softness* and *absorbency* than formerly seemed possible... And now comes a new Modess achievement—a new principle in napkin construction.

Modess calls this new principle "Moisture Zoning." It acts to *zone* moisture—hold it inside the pad... leaving Modess sides dry, soft, chafe-free, longer than ever before!

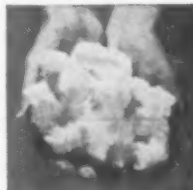
And "Moisture Zoning" also tends to increase absorbency—another aid to comfort and security.



## AGAIN MODESS IS FIRST!

### FIRST WITH "FLUFF-TYPE" FILLER

Modess was first to use a downy-soft "fluff-type" filler—entirely different in construction from "layer-type" napkins! The result? Greater comfort—Modess *starts* softer and *stays* softer.



### FIRST WITH MOISTURE-RESISTANT BACKING

Modess was first to use a "Stop-back" of moisture-resistant material, to guard against striking through.



### NOTE THE BLUE LINE

Modess has a colored thread along back of pad so you'll wear back AWAY from body.



### AND NOW FIRST WITH "MOISTURE ZONING"

Modess again is first—with "Moisture-Zoning," which keeps edges of napkin dry and chafe-free longer than ever before. Get Miracle Modess today. In the same blue box at the same low price.



## FREE to Nurses:

Two authoritative booklets on Menstrual Hygiene... For younger girls, "What a Trained Nurse Wrote to Her Young Sister." For older girls, and every woman, "The Periodic Cycle." Write for as many booklets as you need. Address: Personal Products Corporation, Dept. 19, 500 Fifth Ave., New York, N. Y.





# Classified

*There is no charge to registered nurses for the use of this department. To apply for a "position available," simply outline your qualifications in a letter. Address the letter to the correct box number care of R.N.—A JOURNAL FOR NURSES, Rutherford, N. J. (Send no money with your application. If the bureau requires a registration fee, it will bill you separately.) Submit "positions wanted" early. They will be published in the order received.*

## POSITIONS AVAILABLE

**\*ANESTHETIST:** California. Large county hospital in San Joaquin Valley. Salary, \$140 and meals. Straight eight-hour duty, no call. Box W59.

**\*ANESTHETIST:** California. Willing to relieve in surgery and clinic; four anesthetists on staff of 500-bed county hospital. Maintenance and \$115-125. Box W60.

**\*ANESTHETIST:** Chicago. Opportunity in 125-bed hospital. Starting salary, \$100 plus maintenance; increase as warranted up to \$125. Box C833.

**\*ANESTHETIST:** South. For 400-bed hospital. Salary, \$112 and maintenance. Box C832.

**ASSISTANT ANESTHETIST:** Pennsylvania. For small hospital. Willing to relieve on general duty. Maintenance and \$65-70. Box AKM 9-39.

**\*ASSISTANT SUPERINTENDENT:** East. Large city hospital; 175 beds. Full maintenance and \$125. Box C834.

**\*DIRECTOR OF NURSES:** South. Hospital of 275 beds in large city. Delightfully located. Salary, \$125-150, maintenance. Box C836.

**\*EDUCATIONAL DIRECTOR:** Pacific Northwest. Some instruction. Medium-sized hospital with forty-five students. Classrooms and residence are well furnished and modern. Box C837.

**\*GENERAL DUTY:** California. Nurse able to take responsibility in delivery room, nursery, operating room. Maintenance and \$80 for eight-hour duty. Small hospital near San Francisco. Box W61.

**\*GENERAL DUTY:** California. For 50-bed county hospital on Monterey Bay. Unusually pleasant living and working conditions. Meals and \$90. Box W62.

**\*GENERAL DUTY:** California. Must be well qualified in operating room technique. Private air-cooled hospital near Mexican border. Salary \$110, meals. Box W63.

**\*GENERAL DUTY:** East. Medium-sized hospital offers \$75 and maintenance. Box C839.

**GENERAL DUTY:** New York. Night nurse for twelve-hour duty in 65-bed private sanitarium for mentally ill. Salary \$85 and full maintenance. Box MEM 9-39.

**\*INSTRUCTOR:** Washington. Science. Degree and some teaching experience required. Salary, \$125 and meals. Box W65.

**\*LABORATORY TECHNICIAN:** California. Graduate nurse-laboratory technician to combine with supervising or general duty. Maintenance and \$100. Box W66.

**\*MATERNITY SUPERVISOR:** East. Post-graduate training required for 200-bed hospital. Box C841.

**NURSE:** Michigan. Middle-aged nurse for small hospital. Salary, \$65 and room and board. Box JW 9-39.

**\*NURSING ARTS INSTRUCTOR:** East. B.S. degree essential for position in 125-bed hospital. Salary, \$115-125 and maintenance. Box C842.

**\*OBSTETRICAL SUPERVISOR:** Midwest. In 150-bed hospital. Meals and \$115-120. Box C843.

**OFFICE NURSE:** New York. For office of cardiologist. Between 25-35; married. Typist. Also some knowledge physiotherapy. Box LFB 9-39.

**OFFICE NURSE:** West Virginia. Must be efficient in shorthand and typing. Able to do simple dressings. Beginning salary \$75 with full maintenance and laundry. Opportunity for increase later. Dr. M. M. Ralsten, Beckley Hospital, Beckley, W. Va.

**\*OPERATING ROOM SUPERVISOR:** Post-graduate training and New York registration required for 250-bed hospital. Salary \$1300 a year and maintenance. Box C845.

**\*PEDIATRIC SUPERVISOR:** Arizona. For 150-bed church hospital. Small training school. Box W68.

**\*PEDIATRIC SUPERVISOR:** Midwest. Post-graduate course in pediatrics required for 260-bed hospital. Salary open. Box C847.

**\*SCIENCE INSTRUCTOR:** B.S. degree required.

*\*Asterisk indicates position listed by a placement bureau.*

Hospital of 130 beds, 70 students. Salary \$120, maintenance.

**\*SUPERVISOR:** California. Medical ward. Young woman with some college credits, capable managing department and doing ward teaching. Full maintenance and \$110. Box W69.

**\*SUPERVISOR:** California. Surgical ward. B.S. degree, supervising experience. County hospital, 500 beds, approved training school. Salary, \$135 and meals. Box W70.

**\*SURGICAL SUPERVISOR:** California. Must have degree and several years' experience as operating room supervisor. Large and well-known teaching hospital. Meals, \$150. Box W67.

**\*SUTURE NURSE:** California. For 100-bed Catholic hospital in Central California. Maintenance and \$90. Box W64.

## POSITIONS WANTED

**ANESTHETIST:** Desires position with group of doctors as private anesthetist. Or in hospital, combining with supervising duty. Experienced. Box 99-1.

**ANESTHETIST:** Can give all types of anesthesia. Member National Association of Nurse Anesthetists. Also registered in National Association of Radiological Technicians. Experienced supervisor and superintendent. Age 39. Willing to locate anywhere if opportunities are good. Box 99-2.

**COMPANION NURSE:** Desires long case caring for invalid, crippled child, or infant. No objection to mental case. Experienced in diversified nursing. Prefers West or Southwest. Age 40. New York registration. Box 99-4.

**GENERAL DUTY:** Day or night duty in obstetrics. Prefers graduate-staffed hospital in vicinity Los Angeles. Registered in New York and California. Has had thirteen years experience. Box 99-5.

**GENERAL DUTY:** General hospital graduate desires position in small hospital. East preferred. Thoroughly experienced. Single. Minimum salary, \$75 and maintenance. Box 99-6.

**INDUSTRIAL NURSE:** Or office nurse. Post-graduate training in operating room technique. Experienced in general duty. Registered in Illinois and California. Some college training. Age 25. References available. Salary open. Box 99-8.

**MALE NURSE:** Desires position combining X-ray

technique and nursing. Now employed as senior X-ray technician in large Chicago hospital. Experienced in private and general duty. Also as supervisor of several departments. Prefers large city. Willing to locate anywhere if position is permanent. Illinois registration. Box 99-9.

**OBSTETRICAL SUPERVISOR:** Post-graduate work in obstetrics and seven years' experience in general duty, supervising, and private duty. Illinois and Indiana registration. Salary, \$90 and maintenance. Box 99-10.

**OFFICE NURSE:** Experienced in supervising, private duty, and office nursing. Registered in Arkansas. Age 28. Good references. Salary open. Box 99-12.

**OFFICE NURSE:** For doctor's office or hospital. Or record room assistant. Experienced laboratory and X-ray technician, record librarian, doctor's assistant, and office worker. Middle aged. Willing to locate anywhere. Box 99-13.

**OPERATING ROOM NURSE:** Now taking post-graduate work in operating room technique. Experienced in general duty, central supply, and emergency room. Registered in Minnesota, Wisconsin, Illinois, and Colorado. Box 99-14.

**OPERATING ROOM NURSE:** To assist scrub nurse or supervisor. Experienced. Registered in Louisiana and Mississippi. Prefers South Central States. Willing to start on small salary if advancement is assured. Box 99-15.

**SCRUB NURSE:** For surgery or delivery room. Or charge of obstetrical department. Post-graduate work in obstetrics. Prefers Western States. Registered in Connecticut and New York. Age 25. Box 99-17.

**SUPERINTENDENT:** Experienced as operating room supervisor and superintendent of nurses. Registered in Ohio and West Virginia, and prefers location in one of those states. Desires 75-150 bed hospital. Salary, \$150 and maintenance. Box 99-18.

**SUPERVISOR:** Experienced in supervisory work on medical and surgical floor; also in psychiatry. Also private duty experience. Registered in Nebraska. Age 26. Prefers West. Box 99-19.

**SURGICAL SUPERVISOR:** Desires position as operating room supervisor. Has four years experience in large operating room. Michigan registration. Box 99-20.

**X-RAY AND LABORATORY TECHNICIAN:** Has had three years experience. Willing to locate anywhere. Excellent references. Box 99-21.

*\*Asterisk indicates position listed by a placement bureau.*



## Ease those "Off" Days at Studies or in Outdoor Sports

HVC (Hayden's Viburnum Compound) has been recommended for years by Physicians and Nurses because it is a safe and long tested antispasmodic and sedative which contains no narcotics or hypnotics.

HVC is indicated not only in general medicine but also in Obstetrical and Gynecological practice.

*Trial Sample with Literature to Nurses*

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WHO CANNOT SWALLOW CAPSULES



Vi-Penta Drops is a unique preparation which solves the problem of providing adequate vitamin supplements — all 5 important vitamins — for infants, older children, and adults who cannot swallow capsules. The vitamins in Vi-Penta Drops are in a highly concentrated, clear, palatable solution. PACKAGES: 15 cc and 60 cc, with measuring dropper, calibrated for 5- and 10-minim doses. One 15-cc vial equals 1 package of 25 Vi-Penta Perles. One 60-cc vial equals 1 package of 100 Vi-Penta Perles. HOFFMANN · LA ROCHE, INC. · NUTLEY · NEW JERSEY



*Vi-Penta Drops may be added directly to the prepared bottle or glassful of milk, or to broth, soup, orange, or tomato juice without producing a disagreeable flavor. The proper dose*

*(10 minims average) may be added to a pudding, ice cream, or on a lump of sugar. It may also be added to gruel, cooked or "prepared" cereals.*

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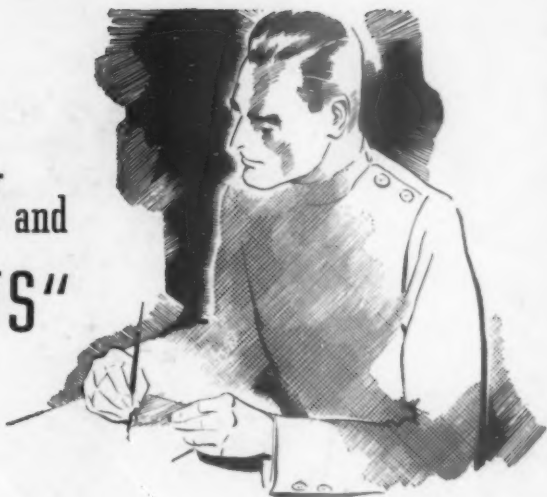
Miss (or Mrs.) \_\_\_\_\_

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RN939

## "...SUMMARY and CONCLUSIONS"



1. The therapy of male sex hormone deficiency has made notable progress in the half decade since discovery of the process for synthesizing testosterone, accepted as the true male sex hormone.
2. Perandren, "Ciba" (testosterone propionate), after extensive and intensive experimental and clinical investigations, is widely known, due to its monographic bibliography, for its clinical effectiveness in treating this deficiency.
3. Perandren\* is therefore indicated in cryptorchidism, hypogonadism, sexual impotence, prostatic hypertrophy, gynecomastia, atrophic rhinitis and the male climacteric as well as in other clinical entities and syndromes attributable to such an actual or relative deficiency, and in eunuchoidism and eunuchism.
4. The many published articles attesting Perandren's successful use in selected female patients suggest that herein it may occupy a place of importance.
5. Recent price reductions of 14½% to 22% increase the clinical value of Perandren by making it available to a wider group of patients.

**PERANDREN**, the esterized, synthetic and chemically pure male sex hormone in sterile oil solution, for intramuscular injection, is supplied in concentrations of:

5 mg. per cc., boxes of 3, 6, and 50 one-cc. ampules  
10 mg. per cc., boxes of 3, 6, and 50 one-cc. ampules  
25 mg. per cc., boxes of 3, 6, and 50 one-cc. ampules

Also available in ointment for inunction; issued in tubes of 50 grams containing a total of 100 mg. testosterone propionate.

*Further Information Upon Request*

\*Trade Mark Reg. U. S. Pat. Off. Word "Perandren" identifies the product as Testosterone Propionate of Ciba's manufacture.



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